



HAWAIIAN
— AIRLINES. —

Corporate Web Program Registration Form

Craig Shiroma District Sales Manager – Island of Hawaii

** Submitting this application, acknowledges that your company meets all qualifications of the Hawaiian Airlines Corporate Program*

DATE OF APPLICATION: _____

ACCOUNT NAME: University of Hawai'i at Hilo / Department: _____

ADDRESS: 200 W. Kawili Street _____

CITY/STATE/ZIP: Hilo, HI 96720 _____

PHONE: _____

AFTER HOURS PHONE: _____

FAX: _____

EMAIL: _____

PRIMARY CONTACT: _____

OTHER AUTHORIZED CALLERS: N/A _____

N/A

FORM OF PAYMENT: PLEASE CHECK ONE

VISA MASTERCARD AMERICAN EXPRESS DINERS DISCOVER

NAME ON ACCOUNT: University of Hawai'i / Cardholder: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

BILLING ADDRESS: 200 W. Kawili Street _____

CITY/STATE/ZIP: Hilo, HI 96720 _____

For Hawaiian Airlines Use Only:

Date Recv'd: _____ By: _____ Date Processed: _____ By: _____

Note: _____

| | |
|-----------------|--|
| Corp HM # | |
| PIN : | |
| Star Name: | |
| Tour Code: | |
| Tkt Designator: | |

Pax Type: CLG PFA Other (see attached)
(Corp Web Rules) (TA Web Rules) (Specific Web Rules)